



Department of Motor Vehicles  
Motor Carrier Services  
P. O. Box 27412  
Richmond, Virginia 23269-0001

OA411 (08/01)

# **HOUSEHOLD GOODS MOVER COMPLAINT FORM**

If you have any questions or need help preparing this form, contact Virginia's Motor Carrier Services at:

(804) 367-6504 (voice)

(800) 272-9268 (deaf or hearing impaired ONLY)

(804) 367 1122 (fax)

[dmvdnd@dmv.state.va.us](mailto:dmvdnd@dmv.state.va.us) (e-mail)

**IMPORTANT INFORMATION**

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The Virginia Department of Motor Vehicles receives, investigates, and responds to complaints from consumers regarding shipments within Virginia by household goods movers. We do not have authority over shipments made from other states into Virginia or shipments made from Virginia to other states. Additionally, the rules and regulations that DMV administers do not apply to moves that occur in Virginia for a distance of 30 miles or less.

***WHAT WE DO***

We will encourage compliance with Virginia's laws, rules, regulations applicable to the mover. These laws, rules, and regulations include, but are not limited to, damage claims and charges for services.

We will determine if the rate at which the mover charged you was the same rate on file with us. If it was not, we can request the mover refund the difference.

***WHAT WE CAN NOT DO***

We do not have the authority to settle monetary/value disputes between the consumer and the mover.

***WHAT YOU NEED TO DO***

Deal directly with the mover's contact person.

Make every effort to resolve the matter before submitting this form.

You may wish to contact the mover's insurance company. You can obtain the company name and policy number (see the contact information on the front of this form.)

**INSTRUCTIONS**

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Complete the form in its entirety.

Give as much detail as possible. Attach additional pages if needed.

Enclose photocopies of the following documents (do not send originals):

- written estimate
- bill
- weight ticket (This is the document that gives the weight of the truck after it was loaded with your goods.)

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PLEASE PRINT IN INK OR TYPE

## PERSON FILING COMPLAINT

Name			
Mailing Address			City
State	Zip Code	Daytime Telephone Number (       )	e-Mail Address

## MOVING COMPANY INFORMATION

Name			
Mailing Address	City	State	Zip Code
Street Address <i>(if different from mailing address)</i>	City	State	Zip Code
Telephone Number (       )		e-Mail Address <i>(if applicable)</i>	

## BACKGROUND INFORMATION

How did you learn about the mover? <i>(Check all that apply.)</i>	<input type="checkbox"/> Previous Use	<input type="checkbox"/> TV or Radio Ad	<input type="checkbox"/> Internet <i>(address)</i> _____
	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Flyer	
	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> DMV Web Page	<input type="checkbox"/> Other <i>(explain)</i> _____
Street Address Where the Goods Were Picked up			
City		State <b>VA</b>	Zip Code
Street Address Where the Goods Were Delivered			
City		State <b>VA</b>	Zip Code
Date Mover Picked Up Goods	Have you contacted the mover about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the name of the person to whom you spoke.			
What were you advised?			
Have you contacted other agencies or organizations regarding your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, check all that apply	<input type="checkbox"/> VA Department of Agriculture & Consumer Services	<input type="checkbox"/> Other <i>(explain)</i> _____	
	<input type="checkbox"/> Your Local Better Business Bureau		
	<input type="checkbox"/> Your Local Chamber of Commerce	<input type="checkbox"/> Other <i>(explain)</i> _____	

**CONTINUED ON BACK**

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## COMPLAINT INFORMATION

Give a detailed description of your complaint. List the steps you have taken to resolve this issue; be as specific as possible; provide names, dates, and copies of any correspondence. Attach additional pages if needed.

## CERTIFICATION

I certify that the statements made on this form are true and complete to the best of my knowledge, information, and belief. I understand that the information provided in the form will be given to the moving company.

Signature of Person Filing Complaint

Date